



Under 5 Side-by-Side Campaign

November 2017

CAMPAIGN CONTEXT

The science:

Britto *et al* in the *Lancet* 2017; 389: 91-102: “...parents, caregivers, and families need to be supported in providing **nurturing care and protection** in order for young children to achieve their developmental potential.”

The national context:

- Child mortality is falling, but levels of stunting remain high. Breastfeeding rates are improving (still low) and diets in children 6 – 24 month are very poor (SADHS 2017)
- There is no unifying campaign that brings together all activities that aim to improve the health, nutrition and development of children
- The National Integrated ECD Policy 2015: assigns responsibility for the 0-2 year age period to the DOH
- Most provinces need support, guidance and the tools to drive their own 1st 1000 day and U5 campaigns
- Past uptake + usage of Road to Health booklet has been sub-optimal

THE 5 CORE MESSAGES OF THE CAMPAIGN



NUTRITION

Good nutrition is important for you and your child to grow and be healthy, and it starts with breastfeeding.



LOVE

Your child learns from looking at you when you hold them close to you and love, play and talk with them.



PROTECTION

Your child can be protected from disease and injury by getting immunised and by playing in safe places.



HEALTH CARE

Your child needs help from you or a health worker when they are sick or injured to help them get better.



EXTRA CARE

Your child may need special care or support and knowing what to do or where to go will help you both.

**YOU ARE CENTRAL TO YOUR
CHILD'S NURTURING, CARE, AND
PROTECTION – AND THEIR
LIFELONG HEALTH OUTCOMES.**

**YOUR HEALTHWORKER IS THERE
TO SUPPORT YOU.**

BRAND CONCEPT



Side-by-Side describes the **supportive relationship** between a child and their caregiver, as well as relationship between all those who help and advise the caregiver.

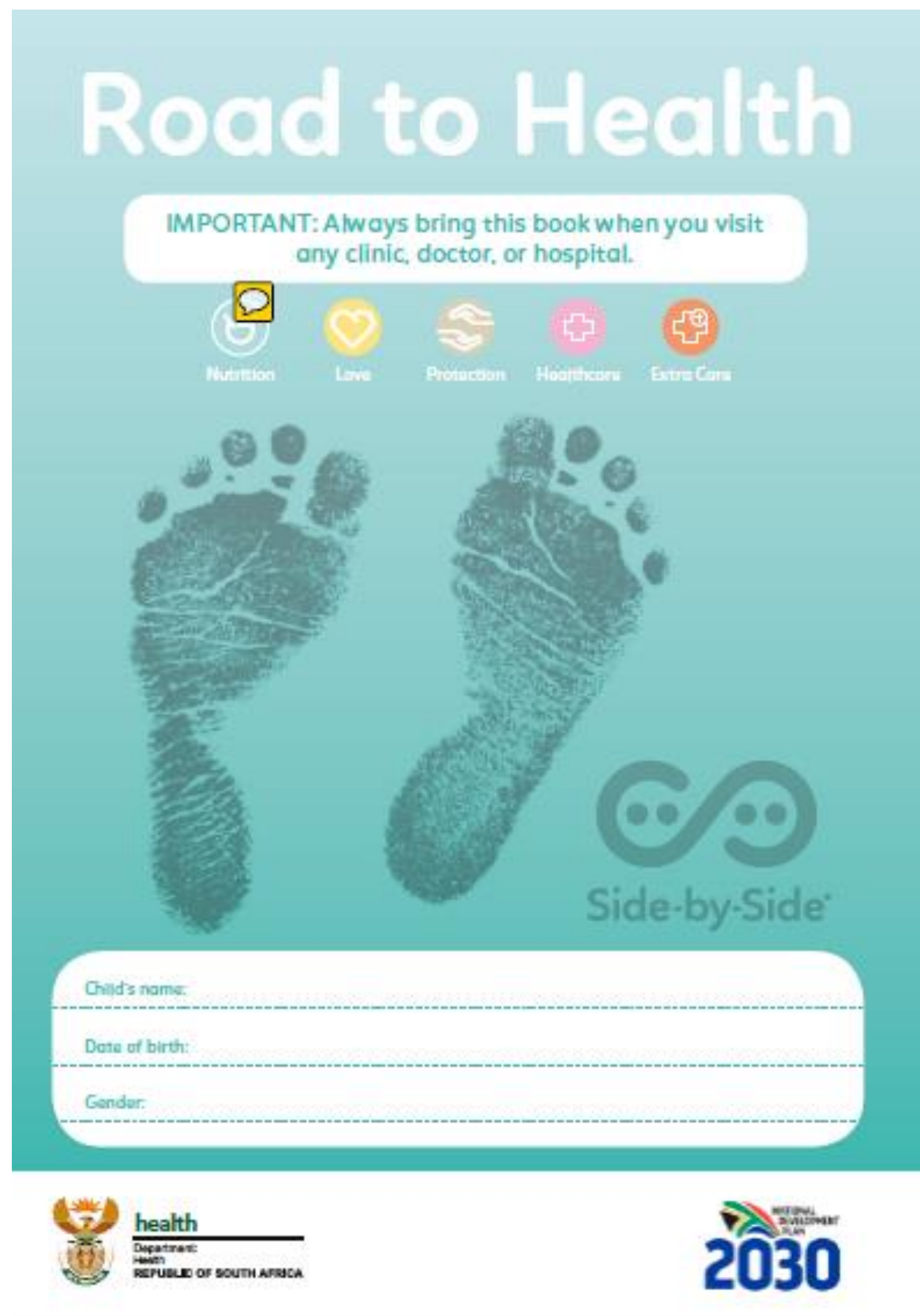
Side-by-Side conveys **partnership and togetherness**, reminding us that it takes a village to raise a child.

Side-by-Side speaks to the child-rearing **journey** that caregivers embark on with their children, and all those who help them. The journey on the Road to Health is shared.

CAMPAIGN OBJECTIVES

- ✓ **Children** receive nurturing care and protection to enable them to reach their full health, educational and earning potential
- ✓ **Parents/caregivers** understand the full scope of care required during the critical early childhood window and their role in providing this
- ✓ **Health workers** adopt a broader conceptualisation of their role in early childhood, shifting the focus from *survive* to *survive and thrive*
- ✓ **Parents/caregivers and health workers** develop a supportive relationship of *shared responsibilities and mutual respect*, sparked by regular dialogue around all sections of the new Road-to-Health book
- ✓ **Communities** provide a source of support for children growing up in adverse circumstances: *it takes a village to raise a child*.

NEW ROAD TO HEALTH BOOK: KEY CAMPAIGN TOOL



1. Is a health record
2. Builds awareness and shifts mindsets (caregiver and HCW)
3. Educates (caregiver and HCW)
4. Demonstrates reward and incentivises further learning and behaviour change (caregiver)
5. Facilitates discussion between HCW and caregiver

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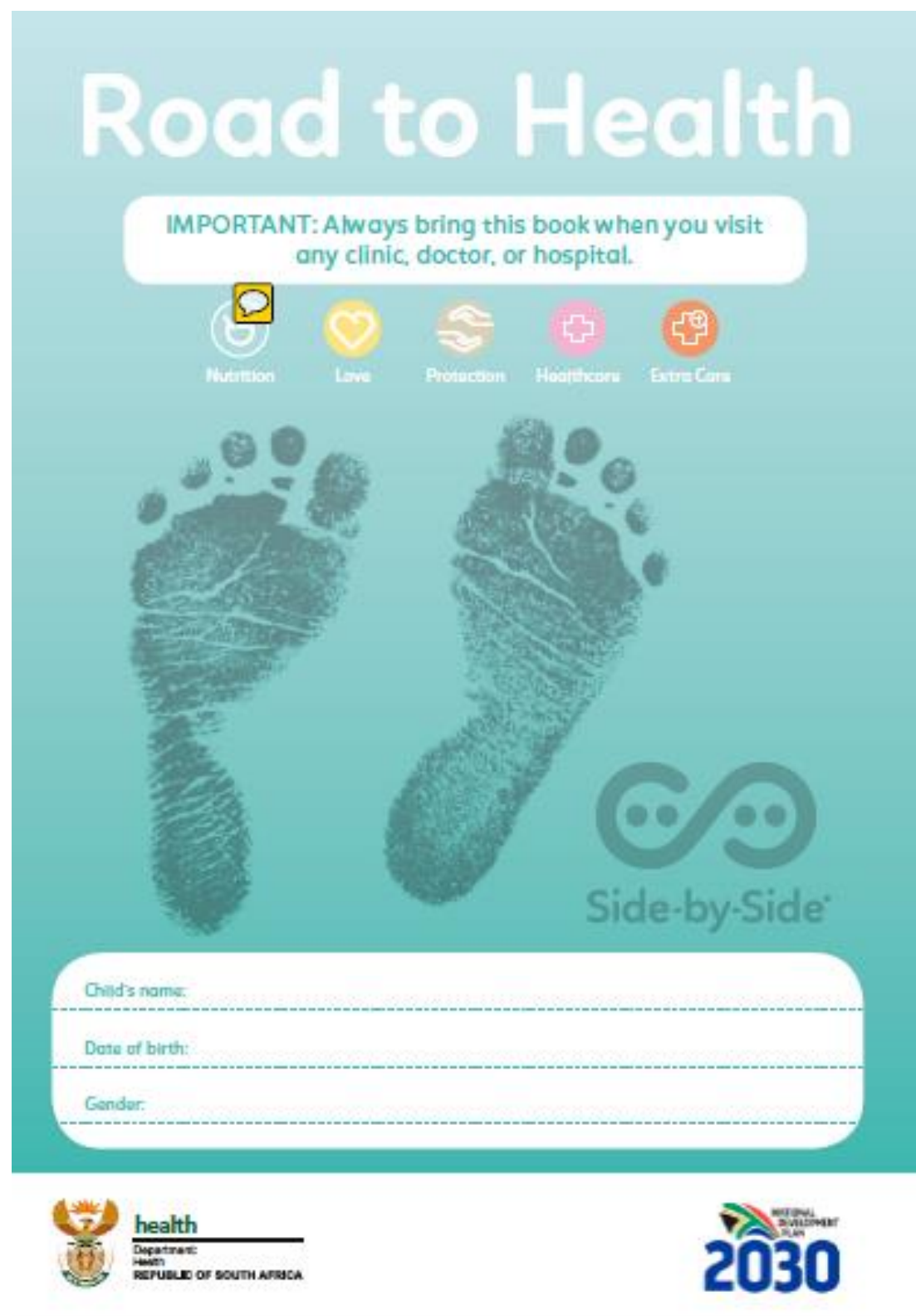
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NEW ROAD TO HEALTH BOOK: KEY CAMPAIGN TOOL

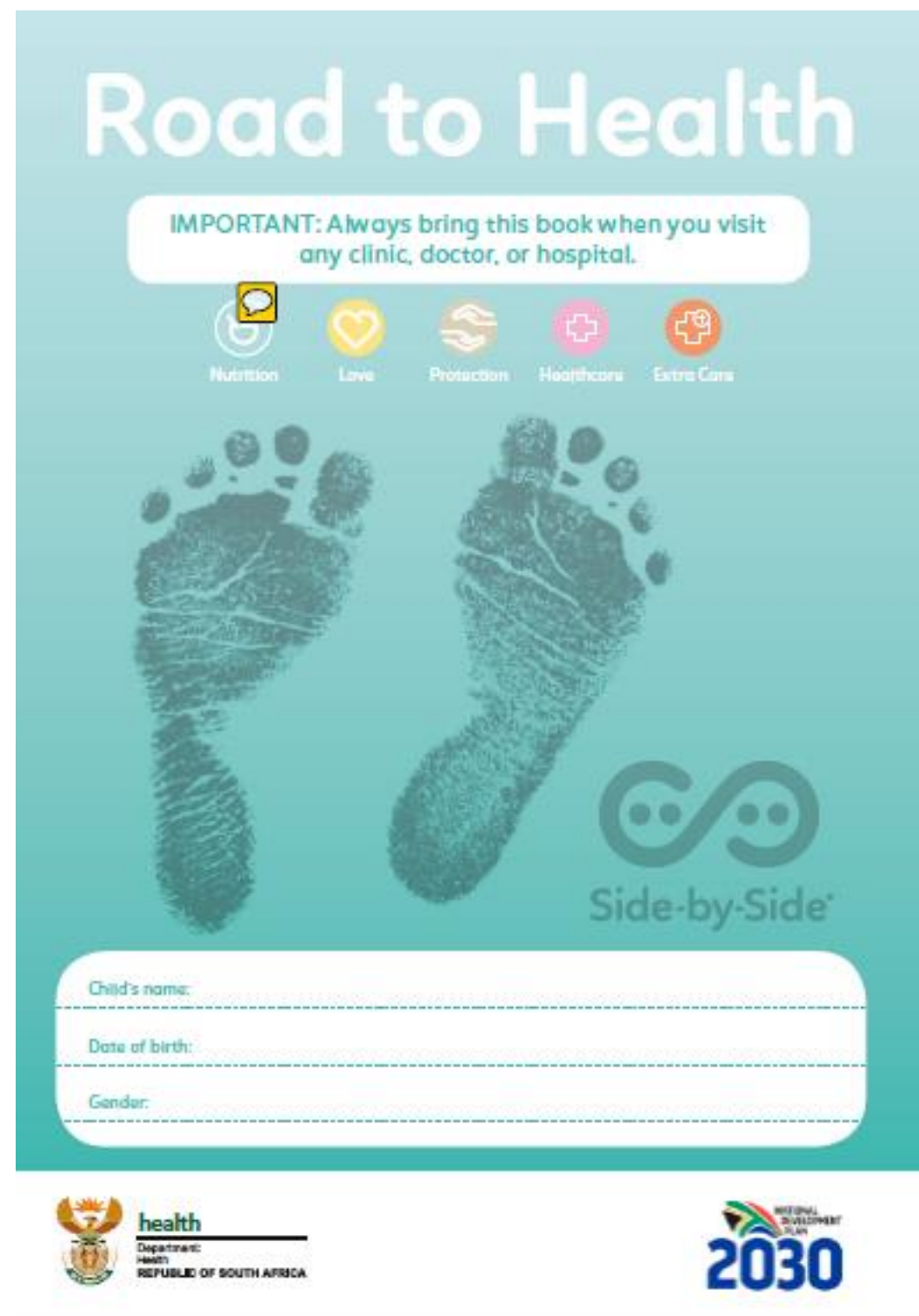
The book was then independently tested with 19 caregivers, 22 nurses and 28 CHWs in KZN, Limpopo and Western Cape.

Findings:

1. Book is **easy to read**
2. The health promotion messages were well received and **show caregivers the holistic care children need to develop best.**
3. The 5 health promotion messages were **easy to understand** under the 5 pillars of nutrition, love, protection, healthcare, and extra care. The **icons assist with understanding.**
4. The book is a **resource to get caregivers and healthcare workers collaborate and communicate.**



NEW ROAD TO HEALTH BOOK: KEY CAMPAIGN TOOL



Final version available

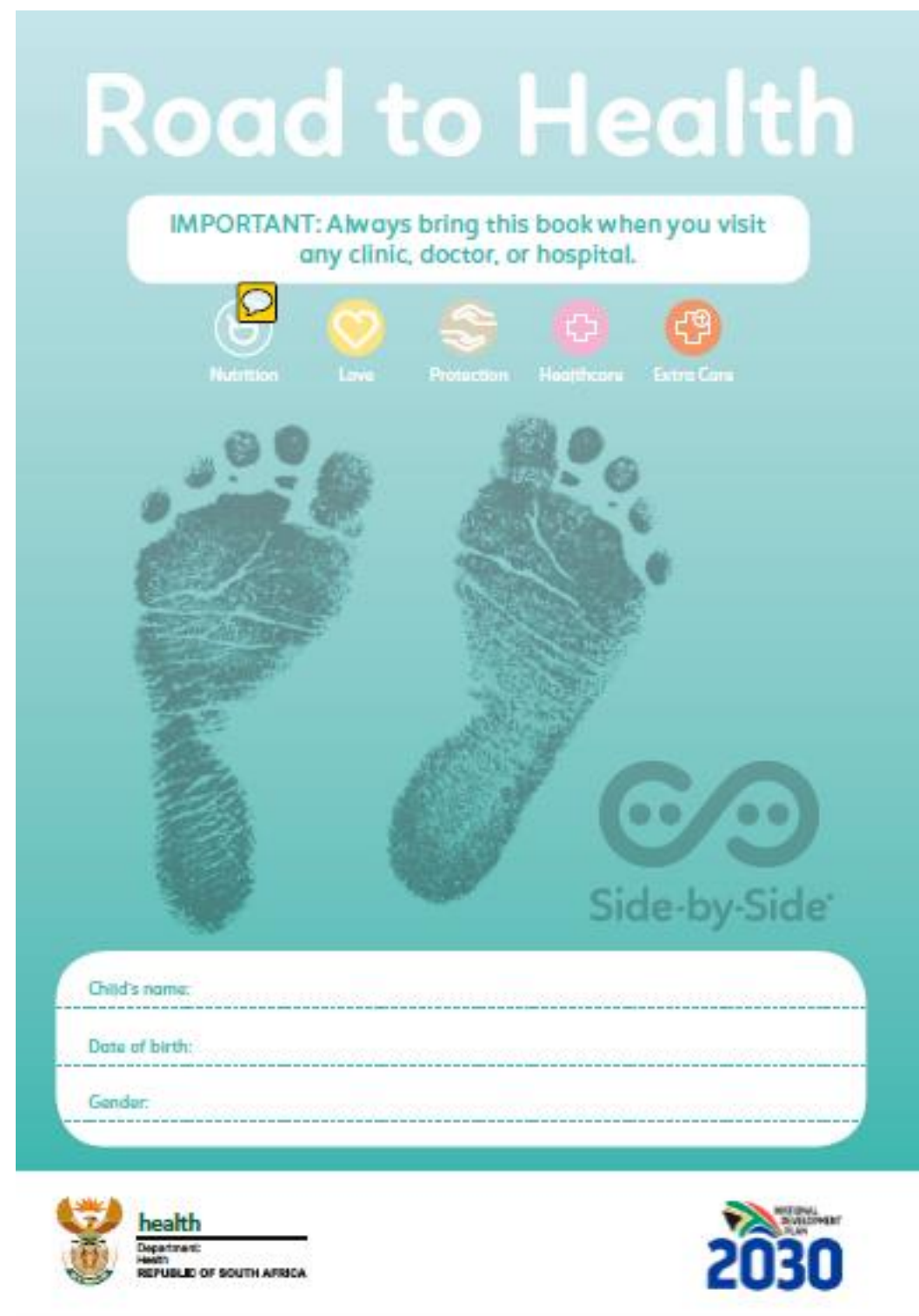
Tender for printing is underway.

Needs to be printed and distributed to all districts

Will be launched in February 2018

Orientation video will be developed – work with DOH officials and partners to ensure that ALL PHC staff are orientated.

NEW ROAD TO HEALTH BOOK: KEY CAMPAIGN TOOL



NO TEARING

ALSO: No HIV page

Information on HIV exposure, prophylaxis and infant testing should be recorded in appropriate sections

Information on HIV status will be part of revised Well Child Case Management process (and CHW tasks)

? Barcode for lab result tracking

U5 CAMPAIGN






ROLE OF COMMUNITY HEALTH WORKERS



A teal circle containing a white outline of a baby bottle.	<p>HELP CHILDREN GROW by supporting mothers to:</p> <ul style="list-style-type: none"> - Exclusively breastfeed for six months - Continue breastfeeding for at least two years - Feed their children enough, good quality food from six months of age <p>Identify and refer children with malnutrition (using MUAC tapes).</p>
A yellow circle containing a white outline of a heart.	<p>HELP CHILDREN DEVELOP AND LEARN by encouraging mothers and other household members to:</p> <ul style="list-style-type: none"> - Be responsive to their child's needs and likes/dislikes - Hold, hug, sing and talk to their child - Tell stories and read to their child
A brown circle containing a white outline of two hands shaking.	<p>PROTECT CHILDREN FROM PREVENTABLE DISEASE AND INJURY by:</p> <ul style="list-style-type: none"> - Making sure that all children are immunised - Giving routine treatments (Vitamin A and deworming) - Promoting handwashing - Helping families prevent household accidents
A pink circle containing a white outline of a medical cross.	<p>Make sure that SICK CHILDREN GET HEALTH CARE by:</p> <ul style="list-style-type: none"> - Identifying and referring children with danger signs - Promoting the use of ORS for diarrhoea - Making sure caregivers know the danger signs and what to do if a child has a danger sign
An orange circle containing a white outline of a medical cross with a plus sign inside.	<p>PROVIDE EXTRA CARE by making sure that :</p> <ul style="list-style-type: none"> - All children have a birth certificate - Children get a CSG and other support - Children with long-term health conditions (including HIV infection) get the right care, and are supported to take their treatment

ADDITIONAL WAYS SIDE-BY-SIDE WILL REACH PRIMARY CAREGIVERS

Method	Rationale
Radio drama and discussion shows	<ol style="list-style-type: none"> 1. Delivers messages at scale 2. Communicates in their mother tongue 3. Entertains and engages 4. Models complex behaviour 5. Consumed at low cost
Radio Public Service Announcements	<ol style="list-style-type: none"> 1. Delivers messages at scale 2. Communicates in mother tongue
TV	<ol style="list-style-type: none"> 1. Most powerful medium 2. Delivers messages at scale 3. Communicates in mother tongue
Billboards and posters in clinics	<ol style="list-style-type: none"> 1. Builds awareness 2. Posters in clinics will deliver messages to caregivers and encourages discussion with HCWs
Take-home printed materials (RTHb, pamphlets)	<ol style="list-style-type: none"> 1. Can refer to as often as needed 2. Encourages discussion between caregiver and HCW 3. Demonstrates reward
Facebook	Interact and engage with the messages in a supportive environment
MomConnect SMSes	Direct and targeted
Community events	<ol style="list-style-type: none"> 1. Safe space for discussion 2. Trusted source of info if community leaders present 3. HCWs and caregivers can connect and build relationships outside the stressful clinic environment
Community media (radio and newspapers)	<ol style="list-style-type: none"> 1. Relevant to context 2. Communicates in mother tongue 3. Easily available

ROAD-TO-HEALTH CAMPAIGN: STANDARDS, INDICATORS AND TARGETS			Source	Current	Target (March 2019)
	All children are exclusively BF until 6 months	% children > 6 months who are exclusively BF	SADHS	32%	50%
		% infants exclusively BF at 14 weeks	DHIS	41.6%	60%
	Children 6 – 24 months are breastfed, and receive good quality complementary feeds	% of children (6 – 23 months) fed a minimum acceptable diet	SADHS	23%	50%
	All children grow well, so stunting levels are low	% of children 0 – 5 yrs with stunting	SADHS	27%	20%
	Acute malnutrition is identified early, and correctly managed	Number of children admitted to hospital with SAM	DHIS	14,910	< 10,000
	Children achieve their full developmental potential, and are able to benefit fully from formal education	% of U5s read a story every day or often	GHS	33.7%	50%
		% of U5s who sing/or are sung to with/by caregivers every day or often	GHS	53.4%	75%
		% children who are never encouraged to imitate others	GHS	36.2%	< 20%
	All children are fully immunised, and receive routine doses of Vitamin A and deworming	Fully immunised at 1 year	DHIS	82%	90%
		Vitamin A coverage 12 – 59 mnths	DHIS	49.3%	60%
		Deworming coverage	DHIS	58%	70%
	Sick children are correctly identified and managed at household, PHC and hospital levels	Reduced U5 mortality	RMS	37 per 1,000	< 30 per 1,000
		Fewer deaths from pneumonia	DHIS	1,003	< 750
		Fewer deaths from diarrhoea	DHIS	888	< 650
		Fewer deaths within 24 hrs of admission to hospital	Child PIP	33%	25%
	Mother-to-child Transmission of HIV is eliminated	PCR positivity rate	DHIS	1.3%	< 1%
	All HIV infected children are receiving ART	No. of U5s initiated on ART	DHIS	10, 907	90%
	All children are registered at birth	% births registered within 30 days	Home Affairs		90%
	All eligible children receive a child support grant	% of eligible children under 1 year of age who have a CSG	SASSA		90%

THANK YOU

